

Cmichaels Healthcare Ltd

# Cmichaels Healthcare

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

CMichaels Healthcare is a domiciliary care agency registered to provide personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service supported 39 people.

### People's experience of using this service and what we found

Staff did not always have access to information to enable them to support people safely in certain circumstances. People told us that the manager was committed to good care and that staff followed guidance from families and care plans. The provider had safeguarding systems in place and staff were well-informed in how to keep people safe.

Staff were knowledgeable about infection prevention and control (IPC) and the use of personal protective equipment.

People and their relatives were given the opportunity to be involved in the assessment of needs and preferences for services provided to them. Staff received induction training. Staff supported people to prepare meals and to eat and drink. People were supported by staff to book and attend medical appointments. People received support in keeping with the principles of the Mental Capacity Act 2005 (MCA).

People had positive experiences of how they were treated and supported. People's privacy and dignity is respected.

People and their relatives told us some staff lacked the English language skills to understand regional dialects in the United Kingdom.

The registered manager usually had oversight of the service. There a few instances highlighted within this report of where oversight was lacking. The registered manager was open and honest with people when things went wrong.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

Rating at last inspection and update:

The last rating for this service was Inadequate (published 07 March 2023).

This service has been in Special Measures since 07 March 2023. During this inspection the provider

demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

At our last inspection we recommended that the provider updates care plans with more detail and improve systems when recruiting staff. At this inspection we found significant improvement had been made, however further work is required.

The overall rating for the service has changed from Inadequate to Requires Improvement based on the findings of this inspection.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvements. Please see the Well Led section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We identified a breach in relation to assessment of risks and needs at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Cmichaels Healthcare

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

#### Inspection team

The inspection team consisted of 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 26 June 2023 and ended on 28 June 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used information gathered as part

of our Direct Monitoring Activity (DMA) which took place on 2 December 2021. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 5 people's care records to see how their care and treatment was delivered. Other records looked at included 5 recruitment files to check suitable staff members were recruited and received suitable training. We also looked at records relating to the management of the service. We obtained the views of service users and their relatives of the services they received, by speaking with 5 service users and 4 relatives. We also spoke to 7 members of staff and 1 registered manager.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Inadequate. At this inspection the rating has improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were not always assessed, mitigated or managed. For example, a person who smoked did not have a smoking risk assessment which meant that staff did not have a written record of the person's support needs during an activity that could be harmful. However, staff we spoke to and the person receiving support stated that staff always ensured personal safety with lighters and cigarettes.
- Some risk assessments for people's health conditions were not sufficiently detailed to mitigate risk while respecting people's wishes. One person required 'leg splints' to keep them mobile. However, the person did not like wearing the splint due to a lack of comfort. The risk assessment did not detail actions staff could take to help the person become comfortable using the splints and how staff could discuss the matter with medical specialists if required.
- One person's continence care plan for catheter care stated, 'staff to be aware of possible infection'. The corresponding risk assessment did not detail the symptoms of infection and actions staff should take with regards to cleaning equipment. However, staff knew the signs of infection and could tell us how they cleaned equipment to the standards required. The person had not suffered any infections related to continence.
- Some risk assessments had a lot of detail specific to people's individual needs. One detailed how staff should manoeuvre a wheelchair within confined spaces such as hallways to keep the person safe. People told us that they were involved in risk planning and that families were asked about any specific risks that may not be covered in standard risk assessments. One family member said, 'The (registered) manager really cares about trying to get all the information and then takes time to train staff so that they know (family member) needs and risks well. I have full confidence in keeping (family member) safe.'

### Using medicines safely

- Staff had access to information to enable safe administration of medicines. One person said, 'They are now so careful with my medicines. They always double check if my meds are changed or the brand changes'.
- Information, including names of medicines and times of administration, were provided in people's care plans. Staff recorded administration times.
- Where people received medication support from more than one domiciliary care agency, risk assessments were in place. These included risks associated with sharing Medication Administration Records (MAR) with another service and monitoring of medicines stock levels.
- Staff administration of transdermal patches was safe. Staff recorded the site of application and care records included information on rotating the site of application.

At our last inspection the provider had failed to ensure care was provided to people in a safe way. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider has made significant improvements and is no longer in breach of regulation 12. However, more work is required.

#### Staffing and recruitment

- Recruitment practices were safe effective, and the providers recruitment policy was followed.
- Disclosure and Barring Service (DBS) checks had been obtained prior to staff starting work. These checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions. Where staff had been permitted to commence work without a DBS check, risk assessments had been conducted.
- Our last inspection found application forms had not always been fully completed and there were gaps in employment histories prior to commencing employment. However, since the last inspection, the registered manager had retrospectively gained missing information, and this had been attached as an addendum.
- People using the service, their relatives and staff gave mixed views on staffing. One person told us staff are sometimes late without any update from the office staff. However, other people told us staff were usually on time, but as some staff used public transport, there were occasions of late calls. They told us this did not impact upon their care and staff were polite and apologetic when this happened.

At our last inspection the provider had failed to ensure that fit and proper persons were employed to deliver care and support to people. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider has made significant improvements and is no longer in breach of regulation 19.

#### Learning lessons when things go wrong

- The provider used an incident tracker; however, no formal records were maintained of trends and patterns of incidents or how lessons learned were used to reduce risk or improve services. The registered manager explained that incidents were discussed at team meetings and staff were made aware of findings as well as how to manage further instances. Team meeting minutes confirmed this.

#### Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives gave positive feedback about feeling safe with the service. One person said, "The staff work very hard, and they notice if something doesn't appear right. My daughter left the back door unlocked, and the staff member noticed and went through the house to make sure no-one had crept in". Another person said "I feel safe. The staff are very helpful."
- Staff told us that they received safeguarding training and knew how to whistle blow. They said they would escalate or raise concerns with seniors and the registered manager if required. Some staff also knew about the Local Authorities safeguarding responsibilities. Records confirmed all staff had received safeguarding and whistleblowing training and refresher training was available when required.

#### Preventing and controlling infection

- People and their relatives gave positive feedback about how staff prevented and controlled infection. One person told us, "I have been impressed lately with how well staff care about infection. This has changed for the better in recent months. Another person told us, 'They [staff] come in their uniforms and bring, gloves aprons and masks with them'".
- Staff told us they had received training in preventing and controlling infection and records we saw confirmed this. One staff member said, "We have personal protective equipment (PPE) gloves, aprons and masks. We place used PPE and other waste such as continence items into a bag and into the outside bin".

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this. At our last inspection the provider had failed to robustly assess and identify risks with safety and staffing. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made and the provider is no longer in breach of this regulation

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans were usually detailed and provided staff with enough information to provide effective care. For example, we saw that a plan stated, "If unfamiliar with the equipment staff are not to use the equipment without discussion with the manager or seniors as harm could be done to our service user". The registered manager explained that although all staff are trained to use all equipment that may be needed in the course of their duties, , staff who have not used certain equipment in a long time, may need refreshing on safe use. However, some care plans did not have enough information for all people's needs. An example is limited details in care plans for protected characteristics.
- People and their relatives were involved in the assessment of needs and preferences in how their care was delivered. One person told us, "We always get asked if there is a review about our thoughts, the (registered) manager tries to get the full picture".
- People's preferences and relevant life history was captured during the care planning process. One care plan stated a person's previous employment and how they may be supported to seek activities around that employment for further life fulfilment.

Staff support: induction, training, skills and experience

- We received mixed feedback from people and their relatives about the effectiveness of verbal communication. People using the service and members of staff sometimes struggled to understand each other. One person explained, "Staff sometimes struggle with my accent which is black country. It's not their fault as they are relatively new to the country. I am sure they will pick it up". Everyone we spoke to agreed that, although communication could sometimes be a barrier, they had no concerns about staff's ability to understand needs once explained slowly and clearly, and their ability to look after the person effectively and safely. Other people expressed no concerns about staff ability to understand and communicate.
- People's needs were met by staff that understood professional boundaries. People told us, "Although most of the staff are relatively new, they are respectful and try to understand cultural and other sensitivities. They always ask permission".
- Staff told us they received induction training which included computer-based courses. Records confirmed this.
- Staff also told us they had a period of shadowing experienced staff. A staff member told us "I had training

and shadowed for 3 days" and "I keep my training going by reading articles and taking other staff shadowing". One staff member told us, "I have trained in mandatory subjects using online training, this was good as I could take my time and get a good understanding".

- Not all staff had a health or social care qualification or had completed the Care Certificate. The Care Certificate is a nationally recognised induction which covers all the areas considered mandatory for care staff. Training methods included, online, shadowing of experienced staff on the job and competency assessments. Staff we spoke to were knowledgeable about the areas they had trained in.

- People using the service and their relatives had positive views about staff skills and experience. A family member told us, "I believe they are well trained and when a new trainee was brought in two other members of staff arrived as well, so there was shadowing." Another family member told us, "(Name of relative) can be difficult about care, but staff are respectful and learn to manage their needs quickly."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with meal preparations and to eat and drink. One member of staff told us, "One person needs help to eat, however can manage finger foods. Where possible I make sure there are some finger foods included in the meal, even if it is only a biscuit at the end". This was not in the care plan but was subsequently added and risks considered.

- Staff supported people with a Percutaneous Endoscopic Gastrostomy (PEG), which is a feeding tube that is placed into the stomach. One family member told us, "The staff have picked up the PEG feeding quickly and raise any problems immediately with me and their manager."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to attend hospital appointments. One person told us, "The carer gave me support at the hospital when I needed it, a well-trained carer who knows what I need".

- Staff contacted and visited health care professionals on behalf of people. One person told us, "The staff are great at making sure I have what I need. Once, (staff member) went to local pharmacy as they hadn't delivered my meds on time".

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA. We found that they were.

- People were asked for consent by staff before care was provided. One relative told us, "Staff are very respectful and will always tell (Name of Person) what they are going to do and ask if they are OK with it and will give (Name of Person) options too".

- Staff told us they had been trained in the principles of the MCA and records we saw confirmed this. One staff member told us, "I use positive body language and look out for theirs to ensure they are giving

consent".

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care plans we reviewed were personalised with people's protected characteristics, however this was not consistent. One example is that care plans listed people's sexuality and religion, however, did not explore any specific needs that they may have with regards to the characteristic. The registered manager told us that they intend to review every person's care plans to ensure more detail about protected characteristics is obtained. However, people gave positive accounts of how staff managed people's needs. One person said, "I try to go to church, and staff will look at local churches and service times for me." Another told us that the staff are aware that they only eat certain foods for cultural reasons and staff always ask about sensitivities prior to preparing food.
- People told us that the registered manager and staff were very respectful and always ensured that they were comfortable and made care personal. One person said, "New staff always ask what they should call me such as Mrs/(first name)/auntie. This is really nice as I feel they care about my dignity rather than just calling me by my first name".
- Staff we spoke with understood the importance of treating people with kindness and respect. A member of staff told us, "During personal care, I talk to people in a good way, chat to them appropriately which helps to beat loneliness".

Supporting people to express their views and be involved in making decisions about their care

- People and relatives felt able to express their views. A family member told us, "The (registered) manager sometimes comes to check on how staff work and asks for my feedback. This makes me feel valued".
- The registered manager told us that feedback and joint care planning was something they had expanded upon since the last inspection. The registered manager said, "I now understand how important it is to jointly work on care planning. This helps us get the best out of people and find the best way to support them".

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us, "Staff always ask permission to go into other rooms and when they perform personal care. This wasn't always the case, but now they have it perfect. Respectful, but also quick about their tasks so not to disturb by day".
- Staff we spoke to describe the steps they took to protect people's privacy and dignity. A member of staff told us, "I look after people's dignity and respect, close curtains and doors when needed and keep people covered as much as possible during personal care".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care planning included information to enable staff to ensure people's preferences and choices were met, such as details of people's personal history, preferences, interests, or aspirations. However, more detail was required for protected characteristics such as religion and sexuality and for some risk management.
- People and their relatives were supported or encouraged to contribute to care planning. We saw written examples of people's comments in notes. People and families also confirmed that they were involved in care planning.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We saw that barriers to communication, such as sensory loss were recorded within care plans. Staff understood these barriers and could identify them in people they supported. We have reported further on language barriers in effective.
- Current methods of communication with people and their relatives included telephone, email, and Zoom. The registered manager told us, "Some service users have chosen who they want to communicate with them as well as how."

Improving care quality in response to complaints or concerns

- A complaints policy was in place and the registered manager followed it. We received positive feedback from people using the service and their relatives about the effectiveness of raising complaints or concerns. People told us, "Timekeeping issues are the only issues we have had to complain about. The staff try hard, but public transport delays can mean late calls are inevitable. I have raised one issue with the manager, and he dealt with it and apologised".
- A complaints log was in place. This information was analysed for themes or trends, to enable preventative work, or service improvements to be identified.

End of life care and support

- End of life care and support was provided to people using the service and their relatives, when required. One person told us, "We had [name of member of staff] for 3 or 4 nights, they were excellent, really good with

(name of person)." We saw another family had written a letter of appreciation about their experience of the care and support provided to them and their relative. The compliments book had multiple positive messages and thank you cards.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Inadequate. At this inspection the rating has Improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider systems of oversight failed to identify risk assessments were not in place for all known risks. A person who smoked did not have a smoking risk assessment. This meant that staff did not have information available to mitigate the risks of this activity. Although staff did not usually support the person to smoke, staff had no assessment to refer to should the need arise. The providers care plan audits had failed to identify this issue.
- Systems to audit care plans had failed to identify that some care plans did not contain enough detail. For example, is where a catheter care plan for a person stated, "Staff to be aware of infection risks". The plan did not explain what signs to look for and any actions staff should take. However, the person had never suffered an infection and staff were aware of signs to look for as well as actions regarding seeking medical care. Another person's care plan stated, "(Name of person) does not like to wear leg splints- staff to convince (them)". The plan did not outline risks of not wearing the splints or how staff could look to persuade them. The registered manager told us that the person had full capacity to make decisions and was aware of the risks of not wearing splints but agreed that care plans should reflect the risks and that audits should have identified these omissions. The providers audits had not identified this missing information.

At our last inspection the provider did not have effective oversight with regards to audits of care plans and risk assessments. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection provider continues not have effective oversight with regards to audits of care and risk planning of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider had a clear vision for the direction of the organisation, in terms of growth. We reviewed the minutes of the management meeting that took place in February 2023. The meeting recorded the link between the increasing number of care packages and the need to increase recruitment.
- We discussed our concerns with the registered manager about the lack of oversight of the service. The registered managers produced an action plan to improve their oversight of the service. They stated that these were isolated incidents and that we noted the significant improvements made since the last inspection.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people.

- People had positive views about the management of the service. One person told us, "The manager is open and admits when the service is not up to scratch. They then try to resolve issues." Another person? told us, "Things have improved since the last inspection, and we have a lot more confidence in the (registered) manager and the staff".
- Staff spoke positively about the management of the service. One member of staff told us, "(Name of registered manager) is very supportive and willing to help me learn when I don't fully understand something. He doesn't judge us because we came to the UK recently like other people do".

How the registered managers understood and acted on their duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers were clear about their duty of candour. One person we spoke with said the registered manager had apologised to them when this was needed.
- Records confirmed information was shared at staff meetings when things had gone wrong and changes were introduced when needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives spoke positively about management's engagement with them. They explained the registered manager periodically contacted them either by phone or visiting, depending on what was best for people and their relatives. One person told us, "(name of manager) are brilliant and listen to me. We work together to make (name of person's) life better." A relative told us, "When new staff took over the (registered) manager made an appointment to meet (name of person) and introduce them".
- Staff felt involved in the service. We saw from records staff meetings took place. One member of staff told us, "The management is good to staff, they run around after them, drive them about, make sure PPE is available and deal with any needs arising".

Continuous learning and improving care

- The registered manager told us that the previous inspection report was a 'wake up call', and that they had invested significantly to improve the service. They agreed that further work was required and showed commitment to improving further.

Working in partnership with others

- Records showed collaboration between the registered manager and health and social care professionals.
- The registered manager told us they were 'networking with other providers and professional organisations' to improve the service and this network had helped in making improvements since the last inspection.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems had not identified that care plans and risk assessments required further detail.